

SA 5250

State/County Special Assistance In-Home (SA/IH) and Transitions to Community Living Initiative (TCLI)

Issued Effective July 1, 2017

I. Background

With a 2012 [settlement agreement](#) between the State of North Carolina (NC) and the US Department of Justice (DOJ), the State of North Carolina agreed to develop and implement effective measures to prevent inappropriate institutionalization of individuals with serious mental illness (SMI). The State also agreed to provide adequate and appropriate public services and supports identified through person-centered planning in the most integrated setting appropriate to meet the needs of individuals with SMI, who are in or at risk of entry to an adult care home (ACH).

This [settlement agreement](#) led to the [Transitions to Community Living Initiative](#) (TCLI). SA/IH is one key public service available to support individuals eligible for TCLI slots.

II. TCLI Supported Housing Slots are offered to the following eligible individuals

A. ACH Residents

Individuals approved for TCLIs residing in an adult care home (ACH), but can live independently in the community with assistance from the SA/IH program supports.

B. Individuals in Private Living Arrangement (PLA)

Individuals approved for TCLIs residing in a PLA who are seeking ACH placement, but can be diverted from ACH placement if he or she can live independently in the community with supports. PLA is a private home, apartment, congregate housing, multi-unit housing with services, public or subsidized housing, shared residence, or other similar living arrangement.

C. Individuals Discharged from State Psychiatric Hospitals who are Homeless or Have Unstable Housing

Individuals approved for TCLIs who have been discharged from state psychiatric hospitals and are living in a homeless or unstable housing situation, but may be able to live independently in the community with supports,

III. The County Department of Social Services (DSS) is Notified of the Individuals Approved for TCLI

The NC Division of Aging and Adult Services (DAAS) receives a list of Individuals approved for TCLIs regularly from the Department of Health and Human Services (DHHS) TCLI Team. DAAS provides the list to the adult services supervisor at the county DSS for both the current county of SA/Medicaid eligibility and the county(ies) in which the individual(s) has stated a desire to live in a PLA. The DSS adult services supervisor informs the SA income maintenance staff regarding the individual(s) approved for TCLI. Each DSS must have an internal process for communicating the names with the income maintenance staff.

If the DSS receives a request for SA/IH from the LME/MCO and has not been informed of the individual's eligibility for TCLI, immediately contact the listserv specialassistance@dhhs.nc.gov. Do not send confidential information through email.

IV. Case Management Provision

DAAS has waived the requirement of the DSS adult services social worker providing the comprehensive assessment, service planning, and ongoing case management for these SA/IH cases. Because TCLI requires transition and ongoing care coordination along with tenancy supports, the LME/MCO and its contracted providers will coordinate the services needed, conduct the SA/IH economic assessment, and provide ongoing support. The transition coordinator usually works with the individual until the individual has settled into a PLA and then others will take over the role of over-seeing the SA/IH, among other responsibilities. This section refers to "transition coordinators" and "care-coordinators" depending on the situation.

DAAS issued the [Guidance Manual for State/County Special Assistance In-Home and Transitions to Community Living Initiative](#) for the LME/MCOs in regards to SA/IH applications and care coordination. The LME/MCO transition coordinators have been instructed to explore all other resources before requesting a SA/IH payment. A financial need related to health and safety must be determined by the LME/MCO.

The DSS will provide to the LME/MCO transition coordinator, the information on the maximum payment amount that the individual is eligible for, just the same as the IMC provides this information to the Adult Services Social Worker for SA-IH cases that are not TCLI individuals. The LME/MCO coordinator will conduct the Economic Assessment Worksheet to determine the actual payment amount.

V. SA/IH Slot Availability and Assignment

When the LME/MCO care coordinator or individual approved for TCLI requests SA/IH, ensure that a slot is available.

A. When the DSS has available SA/IH slots

The DSS will assign the Individual approved for TCLI a slot on the DSS's internal/manual slot tracking system. Once SA/IH eligibility is determined favorable by the DSS IMC, assign a SA/IH slot in the NC FAST System.

B. When the DSS does not have all assigned slots filled, but has a waiting list

The DSS shall not place the Individual approved for TCLI on the waitlist. The DSS will assign the Individual approved for TCLI a slot on the DSS's internal/manual slot tracking system. Once SA/IH TCLI eligibility is determined favorable, assign a SA/IH slot in NC FAST.

C. When the DSS has active SA/IH cases in all assigned SA/IH slots

The DSS must request an additional SA/IH slot from DAAS and assign the new slot to the Individual approved for TCLI on the DSS's internal/manual slot tracking system. [Appendix G: SA/IH Slot Request](#) should be used to make the request via the SA listserv specialassistance@dhhs.nc.gov. Once SA/IH eligibility is determined favorable, assign a SA/IH slot in the NC FAST system. Do not hold up the application or request while waiting for a new slot assignment from DAAS. DAAS will make a slot available.

VI. SA/IH Eligibility Criteria for individuals eligible for TCLI

A. Medicaid

1. Establishing that the individual is eligible for Categorically Needy (CN) Medicaid eligibility in a PLA is the first step in determining SA/IH eligibility for Individuals approved for TCLIs. The income limit is 100% of the federal poverty level and can change annually. Refer to the Medicaid CN income and resource guidelines found in the Medicaid ABD manual. These income levels and resource limits must be maintained throughout the whole period of SA/IH eligibility. Once it is determined that a TCLI individual meets the Medicaid CN requirements, a TCLI individual must also meet the SA-IH resource requirements, which may differ from the Medicaid CN rules. See guidelines found in the SA manuals.
2. SSI recipients automatically meets the Medicaid (CN) eligibility requirements, as well as the financial and assets requirements for SA eligibility. The financial need for health and safety related expenses in PLA is determined by the LME/MCO economic assessment.

B. SA Policy Section [SA-5200](#) has additional SA/IH eligibility requirements including a current FL-2 level of care (FL-2) and PLA requirement.

C. Community Living Assistance payments (CLA)

CLA is intended to assist Individuals approved for TCLIs who do not qualify, or have not yet qualified, for SA-IH to assist with ongoing community living health and safety expenses, including rent. CLA is not an entitlement program and approvals/payments are based on available funding. The LME/MCO transition coordinators determine eligibility for these funds.

CLA payments can be classified into two categories of funding:

1. Ongoing CLA because the individual is not qualified for SA/IH when he/she is not living in an Adult Care Home
2. Temporary CLA because the individual is changing Medicaid home county and/or SA-IH payments are likely to be delayed.

The combination of the individual's income plus CLA shall not exceed the maximum rate set by the legislature for the SA-IH Program. If SA-IH is approved, the CLA

stops once those payments begin. If there is an overlap of CLA and SA-IH funding, the individual must pay back the excess CLA funds. CLA is intended to support the individual in a community setting by providing funding to meet health and safety needs including rental assistance for permanent housing but an individual may, on rare occasions, use his or her CLA funds for temporary housing if necessary. Use of CLA for temporary housing is time limited, not to exceed 28 days.

CLA funding is not a countable source of income for SA.

VII. Communication Between the LME/MCO and the DSS

Early and frequent communication between the LME/MCO transition coordinator and the DSS IMC regarding SA/IH is critical to avoid interruption and/or termination of benefits.

A. The DSS must receive an appropriate release of information form to release information. The release must be signed by the a/r or his or her guardian, if appropriate, dated, with an end date no longer than 12 months from the date of signature, and is specific in what information is to be released.

B. Two forms are available for communication between the DSS IMC and the LME/MCO transition or care coordinator.

1. The [SA/IH Appendix E Supplement 1](#) is a form for the DSS IMC to communicate with the LME/MCO transition coordinator or care coordinator.
2. The [Appendix E, Supplement 2](#), provides a format for the LME/MCO transition or care coordinator to communicate with the DSS IMC.

C. Providing Income Information to the LME

The DSS may share Medicaid eligibility information and the following income information:

1. The amount of gross income before any deductions or exclusions (for earned income, Medicare premiums, etc. or for any exclusion including the \$20 general income exclusion.)
2. Source of income that is obtained through electronic matches cannot be shared. (Electronic data matches include matches from the Social Security Administration, Veterans' Administration, and the Employment Security Commission.) The amount of income can be shared, but not the type (SSI, RSDI, VA., etc.) Only provide the source of the income if it is verified through a source other than an electronic data match.

D. It is critical that the LME Transition Coordinator receives all eligibility correspondence.

Once the approval for TLCI is verified, and an appropriate release of information has been obtained, enter the LME/MCO contact information onto the Client Contact Tab of the Person Page in the NC FAST.

VIII. Requests from the LME/MCO for SA/IH for Individuals Approved for TCLI

The LME/MCO, individual approved for TCLI, and/or a representative designated in writing may initiate a request for enrollment in the SA/IH Program. The LME/MCOs have been instructed in the Guidance Manual for State/County Special Assistance In-Home and Transitions to Community Living Initiative to contact the county DSS where his/her Medicaid originates.

A. NO Face-to-Face Interview Required For Active SA-ACH cases:

1. **For an Active SA** case transitioning from an ACH, **NO face-to-face** application/interview for SA/IH is required. This will be a program transfer from SA to SA/IH using ADD Application in NC FAST.
2. LME/MCO transition coordinators have been instructed to contact the county of SA/Medicaid eligibility, first directly and then follow up using the [Appendix E, Supplement 2](#), to request SA/IH as soon as it is determined that he/she may be appropriate for SA/IH.
3. **Active SA/IH individuals with TCLI who move to another county should not be closed, but the case should be transferred to the new county. No face-to-face application is required. See Section XI below.**
4. **CASES INVOLVING AN INDIVIDUAL APPROVED FOR TCLI SHOULD NOT BE SUSPENDED OR TERMINATED BEFORE A DETERMINATION IS MADE ON THE INDIVIDUAL'S ELIGIBILITY FOR THE SA/IH PROGRAM.**

B. Face-to-Face Interview Required for Non-Active SA-ACH Cases:

1. If the individual does not have an active SA case, it will require a face-to-face interview with the applicant or her or his representative.
2. Follow regular SA-IH application procedures to complete the application process.
3. If the eligible TCLI applicant for SA/IH has an active Medicaid case, the Medicaid county origin will complete a face-to-face interview with the applicant or his/her representative and if needed, transfer the case via NC FAST following procedures found in Section XI.

IX. SA/IH Requests and Processing for Individuals Approved for TCLIs

A. The LME/MCO transition coordinator has been instructed to directly contact the original Special Assistance/Medicaid County DSS of eligibility as soon as it is determined that the individual may be appropriate for SA/IH.

1. After the direct contact with the DSS income maintenance or SA/Medicaid supervisor, the transition coordinator has been instructed to send the Interagency Communication Form, [Appendix E, Supplement 2](#), checking the "Request SA/IH Eligibility" and other sections completed as needed and as information is known at that point.
2. After the direct contact with the DSS IMC, the LME/MCO transition coordinator will continue to use the Interagency Communication Form, [Appendix E, Supplement 2](#), to officially communicate the following:

- a. Request for SA/IH determination;
- b. Confirmation of completed Economic Assessment with the authorized partial payment and ongoing payment amounts. The LME/MCO does not need to submit the economic assessment worksheet to the IMC.
- c. Report private living address within 5 calendar days of the Individual approved for TCLI moving into a PLA.
- d. Changes in planned living arrangement
- e. Changes in county of PLA
- f. Any/all other changes that are pertinent to the determination of Medicaid (CN) eligibility and SA/IH.

B. Receipt and Confirmation of the Request

1. If the DSS receives the [Appendix E. Supplement 2](#) only, from the LME/MCO and no direct contact, accept this document as a request for SA/IH and contact the LME/MCO transition coordinator to verify receipt of the request.
2. If the DSS that is contacted is NOT the Special Assistance/Medicaid County DSS of eligibility, the DSS will inform the LME/MCO of the correct DSS county of eligibility and provide contact information for that DSS.
3. The DSS will acknowledge receipt of the direct contact and inform the LME/MCO transition coordinator to submit the [Appendix E. Supplement 2](#).
4. The DSS will determine and inform the LME/MCO if the case is an active SA-ACH case or if a face-to-face full interview is required for a non-active SA-ACH case.
5. Inform the LME/MCO transition coordinator that the individual may have a contractual agreement to provide a 14-day written notice to the facility when moving out of the facility. When the required notice is given, the individual owes the facility a per-diem amount through the notice period. This amount is the number of days in the month divided by the basic Special Assistance Rate.

C. Active SA ACH Case

1. Once the written request via the [Appendix E. Supplement 2](#) is received for an active SA case in an adult care home, the DSS IMC in the county of Medicaid/SA eligibility will conduct a Medicaid ex-parte review **immediately** to determine continued Medicaid (CN) in a private living arrangement. Gather information relevant to establishing Medicaid CN eligibility in private living from the LME/MCO transition coordinator including details of the planned living arrangement, changes in finances or available resources/assets, county of private living residence, and other pertinent eligibility information.
2. Once a determination is completed, notify the LME/MCO transition coordinator within five (5) business days, (from receipt of the written request), regarding the individual's **presumptive** continued eligibility for Medicaid (CN) in a private living arrangement. Communicate this information to the LME/MCO transition coordinator using the [Appendix E. Supplement 1](#).

3. If the individual is eligible for Medicaid (CN), document actions taken on the case, determine the amount of the maximum SA payment and determine if the individual needs an updated [FL-2](#).
 - a. If the [FL-2](#) is current (will not expire within the next 30 days) and valid, a new [FL-2](#) is not required. Ensure that the date of the [FL-2](#) is recorded correctly at the Certification Start Date of the Level of Care Evidence in the NC FAST system.
 - b. If an [FL-2](#) is needed, inform the LME/MCO transition coordinator **immediately** that a new [FL-2](#) is needed and what a valid [FL-2](#) is for SA/IH. Information on a valid [FL-2](#) is found in [SA-IH 5200](#) and [SA-3100](#) is one that states the individual requires a need for licensed residential level of care (Block #11) and is signed by a licensed physician, physician assistant, or nurse practitioner.
4. Send a [DMA-5097](#) with the [Appendix E, Supplement 1](#) requesting all information needed to determine eligibility.
5. The LME/MCO coordinator has been instructed to inform the original Special Assistance/Medicaid County DSS of eligibility immediately (within five (5) calendar days) of the individual moving into a private living arrangement. The IMC in the original Special Assistance/Medicaid County of eligibility verifies and documents the change in the case record. [Appendix E Supplement 1](#) can be provided to the DSS IMC for communication of information.
6. Once all eligibility information has been received and the individual is confirmed to be in PLA, complete a [DSS-8110](#), Your Benefits Are Changing (Timely), and send to the beneficiary, authorized representative, and LME/MCO transition coordinator. Inform on the notice that the individual's payment will change from Special Assistance in a residential facility to Special Assistance In-Home. The amount must be included even if the payment amount does not change. **The 5/10-day Rule does not apply as payment will not be terminated.**
7. Determine the correct county of SA/IH and Medicaid eligibility for PLA. The county of SA/IH and Medicaid eligibility is the county where the individual is physically residing in a PLA.
8. Following written notification of the program change and SA/IH payment amount, terminate the SA/ACH case in the NC FAST system, KEY a new application, or KEY an administrative application into the NC FAST system for the SA/IH program and process the SA/IH application through completion noting in the case narratives of the NC FAST case that the case is the active SA/IH case of an individual approved for TCLI.
9. New SA payment information
Once the DSS has been notified by the LME/MCO transition coordinator that an individual has been approved by DHHS for TCLI and has moved to a PLA arrangement, end-date the banking evidence if the banking information is for a facility collective account. Discuss the direct deposit and EBT Cash Card options

with the LME/MCO transition coordinator, the applicant, and/or authorized representative.

10. If direct deposit is requested, provide/send a [DMA-5097](#) to the transition coordinator, the individual or authorized representative must provide the completed [Direct Deposit Authorization Form, DSS-5023](#), Direct Deposit Enrollment Authorization Form. If no completed [Direct Deposit Authorization Form, DSS-5023](#) is provided, do not hold up processing or place case in suspended status. Contact the LME/MCO transition coordinator and inform him or her that if the DSS-5023 is not received, the funds will be placed on an EBT cash card. If the individual has an FNS case, the funds will be placed on the FNS EBT Cash Card. If all eligibility criteria are met, and the DSS-5023 has not been received, issue benefits to the client at the client's new address on an EBT Cash Card, informing all parties.

D. SA/IH Applications for an Individual Approved for TCLI with No Active SA Case

1. A TCLI individual may already be living in a PLA or may be recently discharged from a State Psychiatric Hospital and may be homeless.
2. This situation requires a face-to-face interview and a completed [DAAS 8190](#). This policy has been communicated to the LME/MCO, however, if a request arrives via the individual via the [Appendix E. Supplement 2](#), inform the LME/MCO immediately of the requirement for a face-to face application interview.
3. Once eligibility for Medicaid (CN) has been established and before the SA/IH application can be dispositioned, the LME/MCO transition coordinator will provide to the DSS IMC in writing on the [Appendix E. Supplement 2](#), confirmation that the Economic Assessment has been completed and the amount of the maximum SA/IH payment..
4. Determine information relevant to establishing SA/IH eligibility the same as for other SA/IH cases.
5. As always process as soon as possible, but no later than processing deadlines in [SA-IH 5100](#).
6. Once all needed information has been received including the recommended payment from the LME/MCO transition coordinator, determine eligibility. If the individual is eligible for SA/IH, complete a [DSS-8108](#) , Notice of Benefits, and send to the recipient, authorized representative and LME/MCO transition coordinator. Inform on the notice that the individual is eligible for Special Assistance In-Home. The authorized payment amount and payment begin date will also be included.
7. If individual is found not eligible for SA/IH, deny the application and send a [DSS-8109](#), Notice of Denial.

X. Requirements for Annual SA/IH Eligibility Recertification

Eligibility for the SA/IH Program must be recertified annually. The LME/MCO transition coordinator may have transferred the coordination to another care coordinator. The DSS

IMC and the LME/MCO care coordinator **MUST** coordinate early in the redetermination process to ensure that the ongoing eligibility for SA/IH is correct.

Notify the LME/MCO care coordinator that a [DAAS-8191](#) is being sent and must be completed for recertification. Exparte redeterminations are not allowed. Failure to give the LME/MCO care coordinator sufficient notice of the SA/IH eligibility redetermination due date could jeopardize a SA/IH beneficiary's eligibility for the program. Utilize the [Appendix E Supplement 1](#) to inform the LME/MCO care coordinator of the information needed to process the redetermination.

A valid [FL-2](#) is required for ongoing eligibility. Therefore, whenever a [FL-2](#) expires because the health care provider's signature is over 12 months, a new [FL-2](#) must be obtained prior to the expiration. Communicate to the LME/MCO, the need for a current and valid [FL-2](#) in sufficient enough time for the LME/MCO care coordinator to assist with getting it.

The payment review period for SA/IH eligibility begins with the month of application and ends on the last day of the twelfth month. When the DSS IMC is notified of the upcoming eligibility redetermination, the DSS IMC **MUST immediately** notify the LME/MCO transition coordinator and all other appropriate authorized representatives, power of attorneys, legal guardians, etc. of the redetermination due date(s) for the SA/IH beneficiary.

XI. When an active SA/IH Individual approved for TCLI moves to another county in PLA

Contact the DSS in the new county of Medicaid eligibility by phone and in writing to inform the Special Assistance Supervisor and or the DSS IMC that a new case is being transferred to them and that the new case is an individual approved for TCLI who is eligible for both Medicaid (CN) and SA/IH. Confirm with the new county of SA/IH eligibility that there is an available slot in the new county. If the new county indicates that they do not have any available slots, the new county can request more slots by submitting a completed Appendix G: SA/IH Slot Request via the listserv at specialassistance@dhhs.nc.gov. Do not hold up the application or request while waiting for a new slot assignment from DAAS. DAAS will make a slot available.

- A.** The active SA/IH case of an individual approved for TCLI can be transferred to another county using the NC FAST system. **TCLI cases are the only SA/IH cases that can be transferred from county to county.**
- B.** Transfer the case in the NC FAST system to the new county.
- C.** If the case has a redetermination due before the effective date of the county transfer (payment review period), the current/original county of eligibility must complete the redetermination prior to transferring the case to another county DSS as the active SA/IH case of an individual approved for TCLI.
- D.** The DSS IMC in the county of eligibility **MUST** assign one of their own SA/IH slot numbers to the case to process & transfer the case in the NC FAST system.

- E.** The first county must also complete and send a [DMA-5049](#), Referral to Local Social Security Office, to SSA to report the change of address.
- F.** Report changes for other programs as needed, such as FNS.